

## RECEIVED

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SC PUBLIC SERVICE

\_\_\_COMMISSION

## CONFIDENTIAL TREATMENT REQUIRED

June 26, 2013

2012-138-C

244930

Ms. Jocelyn Boyd Chief Clerk and Administrator South Carolina Public Service Commission Synergy Business Park, The Saluda Building 101 Executive Center Drive Columbia, SC 29210

Re:

FCC Reporting Requirements and Certifications

47 C.F.R. § 54.313(h)

Dear Ms. Boyd:

The FCC, in its USF/ICC Transformation Order (FCC 11-161) released November 18, 2011, established new annual federal reporting requirements for companies seeking ETC certification. The Order requires ETCs to provide a copy of their federal filing to their State Commission. The reporting requirements for 2013 were scheduled to be due July 1, however, on June 10, 2013, the FCC issued an order postponing the July 1, 2013 reporting requirements until such time as the Office of Management and Budget approves the FCC 481 Data Collection Form. The June 10 Order postponed all reporting under rules 54.313 with the exception of 54.313(h), which requires ETCs receiving high cost support to report their local rates and states fees if the sum of those charges are less than the urban rate floor as defined in rule 54.318. This rate information was filed with the FCC in June in order to meet the July 1 due date. Accordingly, please find enclosed a copy of the filing that was made by TDS Telecommunications Corporation's South Carolina companies that were subject to this reporting requirement. The filing contains confidential information and a redacted, public version.

Feel free to contact me if you have any questions concerning the above-referenced enclosures or if you require any additional information.

Sincerely,

Bruce Schiefelbein

Manager – Regulatory Compliance

TDS Telecom (608) 664-5455

c.c. Jim Meade

Redacted Public Version

Redacted Public Version 47 C.F.R. § 54.313(h)

TDS TELECOM Companies with Residential Voice Service Rates below \$14

		<b>8 9</b>					
	ŧ	State Cuiversal Extended Area Subject to Residential Lines Service Fee Charge (sum of C.F.)					
	ŷ	Rate Total Subject to Floor (sum of C-F)	7,44	7.44	7.44	7.44	7.44
	÷	Mandatory Extended Area Service Charge (s	\$	· •	\$	,	•
	ľ	Man Sxtenc Se	Ş	٠,	٠	· •	٠,
	ŵ	Residential State State Ocal Service Subscriber Universal Charge Line Charge Service Fee	0.26	0.26	0.26	0.26	900
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2013	ô	State Subscriber Line Charg	,	,		1	
e 1,		) es	7.18 \$	7.18 \$	7.18 \$	7.18	7 18 ¢
as of Jun	¢	Residential Local Service Charge	\$ 7.1	\$ 7.1	\$ 7.1	\$ 7.1	7 7 7
Residential Local Service Rates, Fees, and Line Counts as of June 1, 2013	<b></b>	Residential State Class of Service (as listed in local tanff). Local Service Subscriber Charge Line Charge	Seasonal/Suspended Service	Seasonal/Suspended Service	Seasonal/Suspended Service	Seasonal/Suspended Service	Seasonal/Suspended Service
Residential Local	< <b>A</b> >	Exchange Name/Zone Name (as listed in local tariff)	Awendaw	McClellanville	Bonneau	Pineville	St Stephen
		Company	MCCLELLANVILLE TELEPHONE COMPANY	MCCLELLANVILLE TELEPHONE COMPANY	ST STEPHEN TELEPHONE COMPANY	ST STEPHEN TELEPHONE COMPANY	ST STEPHEN TELEPHONE COMPANY
		Study Area Code	240533	240533	240544	240544	240544

## 47 C.F.R. § 54.313(h)

Certif	Certification of Off	of Officer as to the A	icer as to the Accuracy of the Data Reported for the Rate Floor Data	d for the Rate Floor Data	æ	
I certify that I am an officer of the reporting or and, to the best of my knowledge, the inform	of the rep rledge, th	oorting carrier; my respon e information reported on	carrier; my responsibilities include ensuring the accuracy of the actual data reported; nation reported on this form is accurate.	curacy of the actual data rep	orted;	
Name of Reporting Carrier	McClellan	McClellanville Telephone Company				
ignature of authorized officer or employee			121:1		Date	6/19/2013
rinted name of authorized officer or employee	/ee	Kevin G. Hess	Then O. Alex			
itle or position of authorized officer or employee	loyee	Sr. Vice President				
elephone number of authorized officer or employee: (608) 664 - 4160, ext.	mployee:	(608) 664 - 4160, ext	1			
itudy Area Code of Reporting Carrier	240533	Filing	Filing Due Date for this form	7/1/2013		
Persons willfully making false state	ements on	this form can be punished imprisonment under Title	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Comunications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001	nications Act of 1934, 47 U.S.C	. §§ 502, 50	3(b), or fine or

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Comunications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. 7/1/2013 Filing Due Date for this form Telephone number of authorized officer or employee: (608) 664 - 4160, ext. 240533 Study Area Code of Reporting Carrier

1/0/1900

Date

Levis 6. Shen

McClellanville Telephone Company

Name of Reporting Carrier

Kevin G. Hess Sr. Vice President

Signature of authorized officer or employee Printed name of authorized officer or employee Title or position of authorized officer or employee

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I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier St. Stephen Telep	nen Telephone Company	
Signature of authorized officer or employee	171.1	Date 6/19/2013
Printed name of authorized officer or employee	Kevin G. Hess	İ
е В	Sr. Vice President	
Telephone number of authorized officer or employee: (608)	:: (608) 664 - 4160, ext.	
Study Area Code of Reporting Carrier 240544	Filing Due Date for this form	7/1/2013
Persons willfully making false statements on this imp	form can be p	cations Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or \$1001

## Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier

I certify that (Name of Agent) \_National Exchange Carrier Association, Inc (NECA) \_\_\_\_ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent is accurate.

Name of Reporting Carrier Signature of authorized officer or employee Printed name of authorized officer or employee	St. Stephen Telephone Company fee Alm G. Hess	Date 1/0/1900	
Title or position of authorized officer or employee	employee Sr. Vice President		
Telephone number of authorized officer or employee: (608)	or employee: (608) 664 - 4160, ext		
Study Area Code of Reporting Carrier	240544 Filing Due Date for this form	7/1/2013	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Comunications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.